

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000099618** *Lost original Form*
 Entity Name **Esthetic Consulting Inc.** *MADE COPY FROM another*

FILED
May 11, 2001 8:00 am
Secretary of State
 05-11-2001 90132 002 ***150.00

Mailing Address
ESTHETIC CONSULTING INC
330 N UNIVERSITY DR PMB 463
CORAL SPRINGS FL 33067-4626
5016 NW 66 DR. CORAL SPRINGS FL 33067

AC062149

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country

4. FEI Number **65-0962752**
 Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
President
Margi Winn
5016 NW 66 DR
CORAL SPRING FL 33067

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> Delete	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
n President	MARGI WINN	5016 NW 66 DR	CORAL SPRINGS FL 33067				
<input type="checkbox"/> Delete	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Margi Winn* **4/23/01 959-345-6514**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **OR 954 850-2819**